Late-Onset Atlantoaxial Instability Results in Brainstem Dysfunction and Intractable Nausea and Vomiting in C5 ASIA A Spinal Cord Injury

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**INTRODUCTION**
- In patients with intractable nausea and vomiting, multiple etiologies must be considered
- Differential diagnosis of nausea/vomiting in SCI includes:
  - Medication side effect
  - Gastroparesis
  - Autonomic dysreflexia
  - Anxiety
  - Hypercalcemia
  - Gastric reflux
  - Constipation
- Brainstem dysfunction can also be a cause as the vomiting center lies within medulla oblongata, comprised of the reticular formation and nucleus of tractus solitarius

**CASE DESCRIPTION**
- A 16-year-old female status post motor vehicle accident suffered a C5 ASIA A spinal cord injury
- She underwent the following surgeries while at the acute care hospital:
  - C2-T2 posterior fusion for spine stabilization
  - Gastric Feeding tube placement
  - Tracheostomy placement
- She transferred to inpatient rehabilitation one month following her injury
- She suffered intractable nausea/vomiting and feeding intolerance, severely limiting her initial rehabilitation

**REFERENCES**